



The Well

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U.S. NAVAL HOSPITAL – ROTA, SPAIN

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CAPTAIN'S CORNER

I love the feeling of the spring sun on my face after the long winter. If you're anything like me, you will consider this warm weather an invitation to spend time outdoors over the next few months either gardening, sunning on the beach, or taking in the sights and sounds of beautiful southern Spain. As you do this, I would like to remind you to take proper summer safety precautions. Too much sun can be harmful to your health.



Skin cancer is a largely preventable disease but because we increase our outdoor leisure time and decrease the amount of clothing we wear outdoors in summer months we inadvertently put ourselves at risk. Exposure to UV radiation can effect changes in the texture of the skin causing wrinkles and furrows, easy bruising, brown or "liver spots" and potentially skin cancer. Exposure to sunlight is also the primary source of harmful UV radiation that can damage the tissues of the eye and increase the chances of developing eye diseases, including cataracts.

While exposure to UV radiation is the most important environmental factor in the development of skin cancer and eye disease it's also the most controllable. Precautions such as limiting exposure time and applying sun block are easily taken. Always remember to apply a sun block with SPF 15 or greater before exposure to the sun and remember to reapply after swimming or sweating. Wear sunglasses with UV protection and a hat with a brim whenever outside.

As you take advantage of the warm weather to recommit yourself to your physical fitness programs, I also want to stress to you the importance of drinking lots of water. Under normal conditions the body loses about one gallon of fluid a day through sweating, breathing and going to the bathroom. When you engage in strenuous physical activity the amount of fluid loss greatly increases.

If you begin to feel weak, dizzy, or extremely exhausted, you may be dehydrated. If you begin to feel nauseous, drenched in sweat, have dark urine with a strong odor, and experience cramps, you may be dangerously dehydrated. Continuous hydration may help prevent this condition. More severe dehydration may require medical attention.

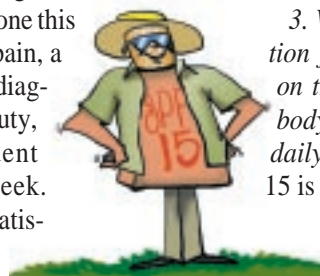
These heat-related health risks are even more important in southern Spain where the summer heat is intense and the days are long. For more information on the prevention of heat-related illnesses and sun-related diseases, contact your Primary Care Provider or visit the Health Promotions Department.

Stay healthy Rota, and please call us if you have any questions or if there is anything we can do for you.

The Skipper

Sun Savvy

Skin cancer is being diagnosed in epidemic proportions in the United States. Over 1 million new cases of skin cancer will be diagnosed in the United States alone this year. Here in Rota, Spain, a new skin cancer is diagnosed in our active duty, retiree and dependent population every week. With these alarming statistics, it makes sense to become "Sun Savvy."



Sun exposure is known to be directly responsible for most forms of skin cancer. The more sun exposure you get during your life, the more likely you will be to develop a skin cancer. It is thought that the ultraviolet light in the sun's rays is responsible for the development of skin cancer. Ultraviolet B (UVB) rays are responsible for causing sun burns, and ultraviolet A (UVA) rays are responsible for sun tanning and aging. Due to the depletion of the ozone layer, more UVB rays are now hitting the earth's surface than years ago. Protection against these rays remains our best defense against developing skin cancer. **This can be done a number of ways:**

1. Avoid excess sun exposure when it is most intense. Between the hours of 10 a.m. and 2 p.m., the sun's rays are emitting up to 4 times more UVA and UVB than at other times.

2. If it is necessary to be in the sun during those times, then seek shade

when possible, and wear lightly colored, reflective, tightly knit but loosely fitting clothing over as much of the body as possible. Clothing blocks out nearly all the UV rays and is the best defense against sun exposure next to complete avoidance.

3. Wear a high sun protection factor (SPF) sunscreen on the exposed parts of the body and make it part of your daily routine. While a SPF of 15 is sufficient, higher SPF's will lend more protection. The key is that sunscreens "wear out"

after an hour or so and need to be re-applied, especially when swimming or sweating. A recent controversy about sunscreen has many people confused. A prominent cancer center made a statement that sunscreens may actually cause skin cancer. What spawned the controversy is that we know that sunscreens protect us against sunburns, but no one knows whether they protect us against developing skin cancer. They are so efficient at blocking the burning rays (i.e. UVB) and prevent us from getting sunburns that we remain in the sun much longer than we have in the past, exposing ourselves to more UVA than ever before. Does this cause more skin cancer? No one knows. The important point is that we should not develop a false sense of security with sunscreens. Instead, we should continue to avoid the sun when possible, and wear protective

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Health Promotional Education Offered:

Prenatal Class, call x3511
Breastfeeding, call x3459
Childbirth Preparation, call x 3511
Well Baby Classes, call 3232
Baby Care Basics, call x3511
Sibling Preparation, call x3511
Asthma/RAD, call 3618
Cholesterol, call x3470
Diabetic, call x3618
Healthy Back, call x3425
Tobacco Cessation, call x3350

Sun Savvy, cont. from p. 1

clothing as our first defense, relying on sunscreens only as a backup.

4. *Practice self-examination and see a dermatologist on at least an annual basis.* All skin cancer is curable at an early stage. By examining your own body and noting changes in moles or sores that don't seem to heal, you can detect a skin cancer at an early stage. Melanoma-the worst form of skin cancer-can occur on private areas that never are exposed to the sun so the entire skin surface needs to be examined on a regular basis. Remember the A, B, C, D's of skin cancer. Look for Asymmetry-i.e. can the mole be divided into two equally appearing halves? If not, then it is asymmetric and needs to be examined by a doctor. Look for Border irregularity-i.e. is the border well defined and smooth, or notched and blurred? If notched and blurred then see your doctor. Look for Color change or multiple colors in the same mole. If a color change or multiple colors are present see your doctor. Finally, look for Diameter greater than 6mm or the size of a pencil eraser. Moles smaller than 6mm often are normally asymmetric, with irregular borders and color changes. However, once 6mm or larger, with one or more of the features described above, then the mole needs to be examined by a doctor.

The Dermatology clinic at Rota offers skin cancer screening. A consult is not required. Simply call the clinic and tell the appointment clerk you would like a skin cancer screening. Everyone should have at least an annual exam, but anytime a question arises about a mole or other skin lesion, an appointment should be made as soon as possible. For questions please call the dermatology clinic, or visit the American Academy of Dermatology web site at www.aad.org and follow the links to skin cancer.

Do You Have Knee Pain During or After Your Run?

By LT Rachel Allen, Physical Therapist

If you have general aching pain around or under your kneecap, you could be suffering from *patello-femoral syndrome*. Patello-femoral syndrome is also called "movie goers knee" or "runners knee" and can hurt during activity or at rest, and is aggravated with stair climbing.

What is patello-femoral syndrome? Patello-femoral syndrome is a result of the kneecap tracking along the rough edge of the thigh bone, instead of the groove of the thigh bone where it should be. If the kneecap continues to track outside of its groove this will cause the smooth undersurface of the kneecap to get irritated and inflamed.

What causes poor tracking of the kneecap? The most common cause of this knee pain with runners is old or incorrect running shoes, inflexibility (not stretching properly), and/or doing too much, too soon.

What is a good running shoe and how can I tell when it's too old? A running shoe is higher at the heel and slants down towards the forefoot. The design provides plenty of cushioning for the high impact of the heel when running, and positions the body for good running posture. There are basically three types of feet and all shoe companies make three types of shoes to accommodate all runners. The three types of feet are *supinator* (high arch), *pronator* (flat foot), and *neutral* (somewhere in between). About 70% of the population have a neutral foot. To choose the correct running shoe for your foot type is relatively simple. If you're a *supinator*, you need a very flexible shoe. A flexible shoe will easily fold from the toe all the way to the heel of the shoe. The *pronator* requires a shoe that will not bend at all, and the *neutral* foot needs a shoe that is rigid through the mid foot section and flexible at the forefoot. This shoe will bend easily from the toe up to the top of the shoe laces and no further. The life of a shoe is 300-400 miles and running shoes should be worn only for running. A shoe can look new and still be "flat" and will begin to give you aches and pains with running.

How should I stretch? Stretches should be done after exercise and held 20-30 seconds. It's recommend that you warm up with a slow jog, work into your desired workout pace, complete your run with a slow jog, and then stretch. For running, the priority stretches will focus on the backs and outsides of your legs and must include your calf muscles.

How much can I increase my running without getting injured? A general safe rule for increasing your time or distance running is 10% per week. This means that if you're currently running 15 miles per week, you could safely add 1.5 miles for the next week. If you try to rush this formula, you'll more than likely end up with an overuse injury.

You Gave Them Life, Protect It

By LT R. Stell, OIC Immunization Clinic

According to the Centers for Disease Control, during 1997 there were 7,535 people who contracted a vaccine preventable illness in the United States. These diseases include Diphtheria, Measles, Mumps, Pertussis, Polio, Rubella, Congenital Rubella, Tetanus, and Invasive Haemophilus Influenzae B Disease. Chickenpox was not included in these numbers.

Unfortunately, many parents may be uncomfortable with having their children immunized due to concerns about possible side effects, such as a lump at the site, tenderness, redness, low-grade fever, and fussiness. These side effects are minor and can be controlled with Tylenol.

Often parents delay immunizations because of concerns of a child having a minor illness such as a cold. Minor illnesses with a low-grade fever (100.4-101.0 degrees F) are not reasons to wait for immunizations. Any concern over whether your child can be immunized should be addressed with your child's provider.

At Naval Hospital Rota's Immunization Clinic, an appointment with a healthcare provider is not necessary for a child to receive immunizations, unless the child is two months old. Hours of Operation are Monday through Friday, 0800-1130, and 1300-1600, except for a Thursday afternoon closure. Immunization information is available from the clinic website <http://rota-www.med.navy.mil/immunizations>, or call 82-3464. The current immunization schedule can be confusing so if you are unsure as to whether your child needs to be updated, bring their medical record to the clinic for an evaluation.

FROM THE CHAPS...

“The Art of Careful Caring”



The invisible sticky strings that many of us accidentally get caught on our faces and in our hair are the handy work of an incredible arachnid called a *spider*. They generally attach their webs to branches of trees and other plants, a practice commonly used by the species known as orb-weavers. The silky fluid flows from three pairs of tiny abdominal organs called *spinnerets*, one stream that's sticky and the other smooth. When an insect is caught in the web the spider quickly moves toward its prey to cover it with more webbing. However, according to the famous naturalist Jean Henri Fabre, the spider coats her own legs with an oily substance from her mouth, allowing her to pass over the sticky web without being caught.

It's quite clear that spiders are remarkable creatures whose existence is completely dependent on this delicate silky structure. The fact that the web flows from her inner being does not exempt the spider from the same fate as her prey, one careless mistake could result in her becoming the first casualty of her own creation. Although nature appears to have provided the spider with the oily solution to prevent such a tragedy, it's still amazing that regardless of how many trips she makes across the web, she never forgets to prepare herself first.

In the field of counseling and other helping disciplines exists the temptation to become overly involved in a patient's personal difficulty. The unfortunate result of this kind of error in profes-

sional judgement is that what begun as caring is now moving toward catastrophe. Professionally trained caregivers are drilled on this point repeatedly during their academic preparation and generally possess a keen sense of how to prevent these types of sticky situations.

While this level of discipline is somewhat common among professional caregivers, the average lay person, however, is usually not as astute or conscientious. When an individual in crisis comes to us seeking our help, whether male or female, shipmate or spouse of a shipmate, the following ethical example should be applied.

In the Christian scriptures a parable is presented about a Samaritan who was traveling along Jericho road. Prior to the Samaritan's arrival at a particular point on the road a man had previously been mugged by some thieves and left for dead. Two highly respected and prominent religious officials saw him lying there critically wounded. However, because of the severe requirements of their legal tradition, that restricted them from touching a body presumed to be dead, they passed by on the other side. Soon after their departure the Samaritan showed up, and despite the fact that he was a social outcast in the predominant population, he stooped down to provide the man with unselfish care using a rudimentary form of first aid (oil and wine). He then picks the man up, places him on his donkey (today's equivalent of driving someone in your

car) and takes him to an inn (or hotel). The next morning, the Samaritan leaves a sufficient amount of money with the inn keeper to cover the anticipated expenses of the injured man and continues on to his original destination (story found only in Luke 10:25-37).

There are two basic lessons to be learned by these two stories involving the spider and the Samaritan. The first is that the essential good that flows out of us to promote life for others and ourselves contains hidden hazards. That is to say, our desire to help will benefit others and us or it will entrap us if we fail to prepare or forget to apply sound judgement. Secondly, the Samaritan shows us how to care for a stranger or friend (neighbor) in a crisis by going the extra mile, while at the same time preventing a potentially scandalous involvement. Needless to say some will take the inconsiderate approach to assisting another in need and end up getting entangled in a moral dilemma, which is no "itsy bitsy" matter.

Caregiving becomes a catastrophe when we allow our own emotional needs to mingle with the personal circumstances of an individual in a desperate situation. This will result in creating a mutually dependent relationship that's destined for disaster.

*By LT Atticus T. Taylor,
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mailed to you, please call
the Health Promotions
Department at ext. 3350.**

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